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T1 12/11/02

**REVOCATION OF POWER OF  
ATTORNEY OR  
AUTHORIZATION OF AGENT  
AND NEW  
POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	09/915,449
Filing Date	07/27/2001
First named Inventor	CARIGNAN <i>et al.</i>
Group Art Unit	1734
Examiner Name	--
Attorney Docket number	10820.30

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application;

AND

I hereby appoint the following Practitioner(s) named below:

Name	Registration Number
Robert Brouillette	31930
Ronald Kosie	28814
Gaétan Prince	33107

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

<input checked="" type="checkbox"/> Firm or Individual name	BROUILLETTE KOSIE				
Address	1100, West René-Lévesque Blvd., 25th Floor				
Address					
City	Montréal				
Country	CANADA	State	Québec	ZIP	H3B 5C9
Telephone	(514) 397-8500	Fax	(514) 397-8515		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Name	Steve Carignan
Signature	<i>Steve Carignan</i>
Date	22-10-2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 2 forms are submitted.



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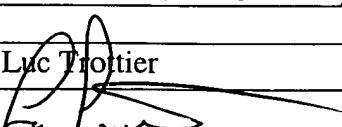
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**SIGNATURE of Applicant or Assignee of Record**

Name	Luc Trottier
Signature	
Date	27 October 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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